

The so-called abortion racket of Pacific Coast magnitude has been under investigation by the Board of Medical Examiners, through its executive officer, for the past two years. We have communicated the facts to the District Attorneys' offices of the counties of Alameda, Los Angeles, and San Francisco.

The promoters became rather firmly entrenched. Offices have been maintained in Seattle, Portland, San Francisco, Oakland, San Jose, Los Angeles, Hollywood, and San Diego. The denouement came early in June this year in the form of a San Francisco grand jury indictment of some thirty-one individuals, said to be connected with this ring, whose names were printed in *CALIFORNIA AND WESTERN MEDICINE* (News Items), July, 1936, page 112. Then followed a raid made by Assistant District Attorney McMahon of San Francisco County, accompanied by police officers of the San Francisco Homicide Squad, when office records, equipment, etc., were seized in San Francisco and Oakland. They then journeyed to Los Angeles, where, accompanied by a representative of the District Attorney's office, offices were raided, and within the past two weeks offices in San Diego have been raided.

Practically all of the indicted individuals have been arraigned in the San Francisco courts, and we understand the trial is set in the Superior Court of San Francisco for early in October.

Under date of July 13, 1936, the Los Angeles District Attorney advised that he had been informed the local police department intended within a week or two to submit evidence to the Los Angeles County grand jury.

It is a matter of common rumor that the asserted promoter of this ring has openly boasted of his "protection." Before the curtain finally falls we anticipate that his boasts will be proven false.

The latest rumor is that endeavors will be made by the defense to have continuances granted from time to time in hopes that when the trial is finally held important witnesses will have "disappeared."

In so far as the Board of Medical Examiners is concerned, rest assured that no "protection" can be obtained at any price by those engaged in violation of law. Our board, individually and collectively, has always endeavored to perpetuate those high ideals which have marked the ethical practice of medicine in America, as well as to enforce the provisions of the Medical Practice Act. True, we have occasionally found that the Board has been "sold out" by some unscrupulous employee, but as soon as the discovery is made, no time has been wasted in ousting such employee.

The interest of the Board of Medical Examiners will continue in the active prosecution of the so-called Pacific Coast abortion ring until its final determination in the courts. We have had most commendable support from District Attorney Matthew Brady and his assistant, Mr. McMahon, of San Francisco, which promises to result in the complete eradication of this organized racket.

Very truly yours,

C. B. PINKHAM, M.D.,
Secretary-Treasurer.

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SURGERY RING TO BE PROBED

Charges that a syndicate of Los Angeles politicians has guaranteed "arrest protection" to the operators of illegal surgery clinics are to be investigated next week by the county grand jury.

Plans for the jury inquiry were disclosed by police and District Attorney's aids when it was learned that a group of surgeons, asserted members of a state-wide illegal operation "ring," had undertaken to renew activities in Los Angeles after having been driven out of business several months ago.

Reopening offices in a downtown building, which they had hurriedly evacuated upon the threat of police raids, the surgeons boasted to prospective patients, it was reported, that, at a price of several thousand dollars a month, they had arranged to "fix" not only police and officials of the State Medical Board, but members of the District Attorney's office as well. — *Los Angeles Times*, July 27, 1936.

SPECIAL ARTICLES

THE AMERICAN BOARD OF INTERNAL MEDICINE, INC.

The American Board of Internal Medicine, Incorporated, February 28, 1936, completed its organization on June 15, 1936. The officers chosen were: Walter L. Biering of Des Moines, chairman; Jonathan C. Meakins of Montreal, vice-chairman; and O. H. Perry Pepper of Philadelphia, secretary-treasurer. These officers, with the following six members, constitute the present membership of the Board: David P. Barr of St. Louis, Reginald Fitz of Boston, Ernest E. Irons of Chicago, William S. Middleton of Madison, John H. Musser of New Orleans, and G. Gill Richards of Salt Lake City.

The term of office of each member will be three years, and no member can serve more than two consecutive three-year terms.

The organization of the Board is the result of effective effort on the part of the American College of Physicians in conjunction with the Section on Practice of Medicine of the American Medical Association, and these two organizations are represented in the membership of the Board on a five to four ratio, respectively.

The American Board of Internal Medicine had previously received the official approval of the two bodies fostering its organization, as well as that of the Advisory Board for Medical Specialties and the Council on Medical Education and Hospitals of the American Medical Association.

The purpose of the Board will be the certification of specialists in the field of internal medicine, and the establishment of qualifications with the required examination procedure for such certification.

While the Board is at present chiefly concerned with the qualification and procedure for certification in the general field of internal medicine, it is intended to inaugurate immediately after July 1, 1937, similar qualification and procedure for additional certification in certain of the more restricted and specialized branches of internal medicine, as gastro-enterology, cardiology, metabolic diseases, tuberculosis, allergic diseases, etc. Such special certification will be considered only for candidates who have passed at least the written examination required for certification in general internal medicine. The operation of such a plan will require the active participation and cooperation of recognized representatives from each of such special fields of medicine.

Each applicant for admission to the examination in internal medicine will be required to meet the following standards:

General Qualifications

1. Satisfactory moral and ethical standing in the profession.
2. Membership in the American Medical Association or, by courtesy, membership in such Canadian or other medical societies as are recognized for this purpose by the Council on Medical Education and Hospitals of the American Medical Association. Except as here provided, membership in other societies will not be required.

Professional Standing

1. Graduation from a medical school of the United States or Canada recognized by the Council on Medical Education and Hospitals of the American Medical Association.
2. Completion of an internship of not less than one year in a hospital approved by the same council.
3. In the case of an applicant whose training has been received outside of the United States and Canada, his credentials must be satisfactory to the Advisory Board for Medical Specialties and the Council on Medical Education and Hospitals of the American Medical Association.

Special Training

1. Five years must elapse after completion of a year's internship in a hospital approved for interne training before the candidate is eligible for examination.

2. Three years of this period must be devoted to special training in internal medicine. This requirement should include a period of at least several months of graduate work under proper supervision in anatomy, physiology, biochemistry, pathology, bacteriology, or pharmacology, particularly as related to the practice of internal medicine.

This work may be carried on in any domestic or foreign medical school or laboratory recognized by the Council on Medical Education and Hospitals of the American Medical Association as offering appropriate facilities for this type of postgraduate experience; or it may include a period of at least several months of graduate work under proper supervision in internal medicine or in its restricted and specialized branches in any domestic or foreign hospital, clinic, or dispensary, recognized by the above Council as offering appropriate facilities for this type of postgraduate experience.

3. A period of not less than two years of special practice in the field of internal medicine or in its more restricted and specialized branches.

The American Board of Internal Medicine does not propose to establish fixed rules for the preliminary training of candidates for certification in this field. Broad general principles for training, however, may be outlined, although such suggestions as are made must, of necessity, be subject to constant changes reflecting the dynamic nature of the specialty.

A sound knowledge of physiology, biochemistry, pharmacology, anatomy, bacteriology, and pathology, in so far as they apply to disease, is regarded as essential for continued progress of the individual who practices internal medicine. The mere factual knowledge of medicine and its basic sciences is not sufficient. The candidate must have had training in their use in furthering his understanding of clinical medicine. This implies practical experience under the guidance of older men who bring to their clinical problems ripe knowledge and critical judgment. Preparation to meet this requirement adequately may be even more difficult to obtain than the so-called scientific training. It may, however, be acquired in the following ways:

(a) By work in a well-organized hospital outdoor clinic conducted by competent physicians.

(b) By a prolonged period of resident hospital appointments likewise directed by skilled physicians.

(c) By a period of training in intimate association with a well-trained and critical physician who takes the trouble to teach and guide his assistant rather than to require him only to carry out the minor drudgery of a busy practice.

4. The Board does not consider it to the best interests of internal medicine in this country that rigid rules as to where or how the training outlined above is to be obtained. Medical teaching and knowledge are international. The opportunities of all prospective candidates are not the same. Some may have the opportunity of widening their knowledge by a period of study abroad. Others, at the other extreme, may be restricted to a comparatively narrow geographic area and their detailed training must be obtained in short periods scattered over a long time. Although it is laid down that at least five years must elapse between the termination of the first interne year and the time when the candidate is eligible to take the examination, a longer period is advisable. The Board wishes to emphasize that the time and training are but means to the end of acquiring a broadness and depth of knowledge of internal medicine which the candidate must demonstrate to the Board in order to justify it in certifying that he is competent to practice internal medicine as a specialty. The responsibility of acquiring the knowledge as best he may rests with the candidate, while the responsibility of maintaining the standard of knowledge required for certification devolves on the Board.

Method of Examination

The examination required of candidates for certification as specialists in internal medicine will comprise: Part I (written) and Part II (practical or clinical).

Part I: The written examination is to be held simultaneously in different sections of the United States and Canada, and will include: (a) Questions in applied physi-

ology, physiological chemistry, pathology, pharmacology, and the cultural aspects of medicine. (b) Questions in general internal medicine.

The first written examination will be held in December, 1936, and candidates successful in this written test will be eligible for the first practical or clinical examination which will be conducted by members of the Board near the time for the annual session of the American College of Physicians at St. Louis in April, 1937. The second practical examination will be held at Philadelphia near the time of the annual session of the American Medical Association in Atlantic City in June, 1937.

The fee for examination is \$40, which must accompany the application, and an additional fee of \$10 is required when the certificate is issued.

Application blanks and further information can be obtained by addressing the office of the chairman, Walter L. Bierring, M.D., 406 Sixth Avenue, Des Moines, Iowa.

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

Report to Governor's Council

A monthly report of the California State Board of Health presents a survey of the major activities of the department during the preceding thirty days. Members of the California Medical Association who wish to orient themselves concerning the nature and scope of the State Health Department's work can do so by perusing the July 27, 1936, report submitted to Governor Frank F. Merriam's Council by Dr. W. M. Dickie, Director of Public Health. The present members of the California State Board of Public Health are: President Howard Morrow of San Francisco, Vice-President Edward M. Pallette of Los Angeles, George H. Kress of Los Angeles, William R. P. Clark of San Francisco, Gifford L. Sobey of Paso Robles, Gustave Wilson of Sacramento, and Walter M. Dickie of Sacramento, executive officer. The report follows:

BUREAU OF ADMINISTRATION

Activities of the Director.—The director spent the entire month of June in the northern part of the State. Conferences were held in San Francisco relative to prosecutions under the Pure Drugs Act; the development of nursing courses in training schools; the enforcement of wine standards; the regulation of the packing of dog foods; the development of a crippled-child program under Social Security; the development of full-time county health units; regulations pertaining to the packing of fish and fish products; organization of courses in the Western School of Public Health; the enforcement of regulations for the control of custard fillings in bakery goods; the enforcement of standards for jams and jellies; a proposed research study into dysenteries and diarrheas in California; and many other subjects including those pertaining to interdepartmental matters.

Among those officials from outside of the State who conferred with the director during the month of June were the following. . . . (Names deleted to conserve space.)

BUREAU OF EPIDEMIOLOGY

Food Poisoning.—At this season of the year, outbreaks of food poisoning occur commonly. Most of these outbreaks are of bacterial origin and are due to exposure to contamination and to holding at temperatures favorable to the growth of bacteria. Several such outbreaks were investigated during the month of June. One of them involved eclairs purchased from a bakery, laboratory examinations of which revealed a heavy contamination with staphylococci, the ordinary pus germ. Nineteen cases were involved in this outbreak, and the proprietor of the bakery involved was given instructions in the prevention of similar contaminations of this food product. Another outbreak involved a students' camp which housed 190 persons. No particular food product, however, was incriminated. It is important at this season of the year that all food products, particularly those containing cream-custard fillings, should